Stroke and STEMI System Element Presentations
March 18, 2008

(🕘-Common Time Critical Element, ♥ - STEMI, 🗣 - Stroke)

Element	Presentation Assignee Group Leader	Presentation Time Allowed
<u>911-Emergency medical dispatch</u> 🕘 1) Statewide 911 access 2) Statewide emergency medical dispatch (EMD) 3) EMS dispatch protocols—dispatchers know Stroke-STEMI signs and symptoms *What is statewide EMD coverage? Does this require regional 911 call centers?* *What should dispatchers do with this information?* *Who should oversee statewide EMD?* *Who should oversee statewide 911?* *Should we have statewide call processing time parameters?*	Jerry Kirchhoff 🗣 Salvador Cruz-Flores 🗣 Jason White Mark Alexander	5 minutes
<u>Response Coordination</u> 🕘 4) Stroke-STEMI considered life-threatening and triggers appropriate activation 5) Mutual aid agreements between neighboring service areas *How can activation be triggered consistently?* *Who is activated when stroke-STEMI is identified?* *How will mutual aid agreements assure coverage for rural area?*		5 minutes
<u>Pre-hospital Response:</u> 🕘 6) Appropriate field equipment (e.g., 12-lead EKG) & data transmission to hospital♥ 7) All EMS recognize stroke-STEMI and have consistent protocols—one triage protocol and assessment tool 8) Consistent, appropriate technology link between field and hospital 9) Field activation of cath lab / stroke team (at minimum call to ED from field) ♥ 10) Helicopter Early Launch Program (HELP) (DHSS Added) *What criteria would be used for field activation?* *What are "consistent protocols" and how would they be established? Will "one" protocol and assessment tool be sufficient?* *Is field triage an explicit component of this recommendation?* *What is the difference between data transmission and technology link?* *Should field activation be mandated?* *Should HELP be included in the recommendation for the TCD system for stroke and STEMI?*	Joan Drake Jason Lynch ♥ Ken Koch 🗣 Ruby Mehrer 🗣 Liz Deken ♥	10 minutes

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Transport protocol, 🕓 11) EMS to field site within designated time 12) Transport protocol— a) Regionalize b) Push destination decision to field c) Protocol considers patient, location and ambient conditions d) Stroke symptom onset of 6-8 hours, then transport to nearest facility 🗣 e) All EMS identify appropriate care centers for transport based on protocol/algorithm f) Support care g) Transport policy needs to inform/edit current ground or air decisions once designated centers exist 13) Inter-hospital transfer agreements *Do we need to have a designated response time?* *How do you set up a designated response time? Is there data to support the value of this?* *How should the transport protocol be developed to address items listed in 12?* *Should regional transport protocols be established?* *Is field triage an explicit component of this recommendation?* *How do you minimize field triage mistakes (over/under activation)?* *Is 6-8 hours documented in the literature as the appropriate cut-off mark for stroke center transport?* *What is the cut-off mark for STEMI center transport?*	Ken Koch 🗣 Ruby Mehrer 🗣 Joan Drake ♥ Taz Meyer ♥ Terry Buddemeyer ♥	10 minutes
Hospital 🕓 **STEMI** 14) ED physicians play key role in determining patient care & destination ♥ a) Cath lab b) Lytics c) Hospital destination decision d) Consistent training *Who should activate a cath lab?* *What is an acceptable over/under triage rate?* *Who provides training? What does it consist of?* *What is the time breakpoint for deciding between lytics and cath lab?* *Is there a role for "drip and ship"? Is there a role for field lytics?*	Dmitri Baklanov ♥ George Kichura ♥	5 minutes

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Hospital-**STEMI**, continued 15) Hospital does not allow diversions 16) All hospitals provide timely triage, treatment or referral for walk-ins 17) Designated Centers- ♥ a) Standards and designation process for different levels of care b) Explore research at highest level of STEMI center 18) STEMI system gap analysis a) Plan to fill gaps b) Coordinate connectivity of critical access hospitals 19) All hospitals have written plan & transfer agreements that guide operations 20) Transition back to referral facility and/or PCP after acute event 21) Access to cardiologist *What is the time breakpoint for deciding between lytics and cath lab?* *Is there a role for "drip and ship"? Is there a role for field lytics?* *Should there be a state mandated time standard for symptom onset to definitive care?* *If yes, what should it be?* *What percentage of the time should the hospital have to meet that standard?* *Has timely triage been defined for walk-ins?* *What are some general guidelines for the designation process?* *How should the Department gather input to inform the designation process?* *Should the Department mandate specific PCI protocols? E.g., suspected anatomical artery catheterization first, delayed arch study, direct field triage to the cath lab bypassing the ED?* *Should the Department mandate a specific percentage of D2B time less than 90 minutes?* *Who should be responsible for data entry into a STEMI registry?* *What elements should be in a registry?*	Richard Bach ♥ George Kichura ♥ Linda Dean ♥ Dmitri Baklanov ♥	20 minutes

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Hospital-**Stroke** 22) Hospital does not allow diversions 23) All hospitals provide timely triage, treatment or referral for walk-ins 24) Designated Centers 🗣 a) Standards and designation process for different levels of care b) Stroke research at highest level 25) Statewide assessment of each hospital's stroke capacity a) Plan to fill gaps b) Coordinate connectivity of critical access hospitals 26) All hospitals have written plan & transfer agreements that guide operations 27) Transition back to referral facility and/or PCP after acute event 28) Access to neurologist *Is there a role for "drip and ship"?* *Should there be a state mandated time standard for symptom onset to definitive care?* *If yes, what should it be?* *What percentage of the time should the hospital have to meet that standard?* *Has timely triage been defined for walk-ins?* *What are some general guidelines for the designation process?* *How should the Department gather input to inform the designation process?* *Should the Department mandate specific stroke treatment protocols? E.g., who qualifies for an IV thrombolytic, a Merci retriever or intra-arterial thrombolytic?* *Does hemorrhagic stroke need to be addressed in a TCD system?* *Should the Department mandate a specific percentage of stroke patients treated?* *Who should be responsible for data entry into a stroke registry?* *What elements should be in a registry?*	Eddie Spain 🗣 Carol Beal 🗣 Debby Sprandel 🗣 Salvador Cruz-Flores 🗣 Sondra Solomon 🗣 Kathryn Hedges 🗣	20 minutes
Hospital-**Stroke** 29) Telemedicine for neuro-assessment 🗣 *What role does telemedicine need to play in the TCD system?* *How should this element be folded into the TCD system?* *How can neurologists be engaged in this process?* *How are state physician licensing, payment and liability*	Pam Kelly 🗣 Jeremy Barnes 🗣 Barry Robbins 🗣 Salvador Cruz-Flores 🗣	5 minutes

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issues managed with telemedicine?		
Hospital 30) Maintain role of small community hospital in TCD system.	Randy McCullough ♥ 🗣	5 minutes
Quality Improvement System 🕓 31) Streamlined and coordinated data collection process supports TCD system and quality improvement a) Feedback loop, b) Collection not redundant builds on existing data systems c) STEMI Registry ♥ d) Stroke Registry 🗣 e) Allows QI data sharing within system without liability *How do we deal with the peer review protection issue?* *Who should coordinate or perform the QI function at the TCD system level?* *How should we benchmark data elements?* *How can we ensure that the TCD data collection process is not redundant or result in extra layers of work?*	Linda Brown ♥ Luann Pfau ♥ Bobby Olm-Shipman Debby Sprandel 🗣	10 minutes
Professional Education 🕓 32) EMS field providers training on assessment & triage protocols 33) Practitioners keep pace with evidence based practices a. All staff have minimal competencies b. Training on protocols for stroke-STEMI care 34) Basic Life Support (BLS) requirement: obtain 12-lead (not interpretation) ♥ *What is the purpose of professional education regarding TCD?* *Does anything need to be added to the current training networks and approaches to address TCD elements?* *What is required to make 12-lead acquisition a BLS skill?* *How is professional education going to use QI data to modify education programs?*	Taz Meyer ♥ Scott Duff 🗣 Liz Deken ♥	5 minutes

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Public Education 🕓 35) Understand Hospital Designated Levels of Care and when appropriate to use community vs. non-community hospital. 36) Informed patient –recognize signs & symptoms, call 911 37) Informed patient advocates—where to go for treatment (regular vs. referral hospital) 38) Support group with coordinated resources post events	Sondra Solomon 🗣 Marianne Ronan 🗣 Liz Deken 🗣	5 minutes
General 🕓 39) Consistent protocols to meet standards of care 40) Consistent terminology-between field & hospital 41) Integrated network for primary & specialty care	Linda Dean ❤ Salvador Cruz-Flores 🗣	5 minutes
42) Payer policy review to support right care 43) Insurance company outreach and education to provide coverage and reimbursement	Jim Waring ❤	5 minutes
System Administration/Oversight 🕓 44) Statutory and Regulatory Authority to implement TCD system 45) Establish oversight advisory council	Bill Jermyn❤ 🗣	5 minutes